



BOARD OF MEDICAL ASSISTANCE SERVICES

MEDALLION 4.0 UPDATES JUNE 26, 2018

MEDALLION 4.0

Growing Strong

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MEDALLION 4.0



Will cover approximately 740,000 Medicaid and FAMIS members regionally beginning August 1, 2018

A close-up photograph of several hands of different skin tones cupping a small amount of dark, rich soil. A tiny green seedling with four leaves is growing out of the center of the soil. The hands are positioned to support the soil and plant from all sides, symbolizing care and growth.

GROWING STRONGER...
TOGETHER

MEDALLION 4.0 RFP PROCESS

- RFP released July 2017
- Evaluation team included DMAS and VDH staff and 22 subject matter expert consultants
- 10 MCO proposals received September 2017
- Technical score drivers, oral presentations, networks, acceptance of contracts and rates

TECHNICAL SCORE DRIVERS

Population and Services (Section 4)

- ✓ Minimum of three (3) years' experience
- ✓ Data, outcomes, and trends for past three (3) years
- ✓ Efforts to control utilization trends over the past three (3) years
- ✓ Proposed innovations to improve the care, health and well-being of the population by region

Provider Networks (Section 3.9)

- ✓ Network adequacy
- ✓ Provider recruitment
- ✓ On-going provider support
- ✓ Provider training

ODA Provider Scorecard represents the percentage of MEDALLION 4.0 members with access the provider type in that region

Scorecard total for critical providers provided benchmark score – points added or subtracted for other components of Section 3.9

PROPOSAL EVALUATION CRITERIA	SUB WEIGHT	WEIGHT
2. TECHNICAL REQUIREMENTS		
The following requirements as demonstrated in the written proposal of the Offeror's experience and strategies or innovations as a Medicaid contracted health plan to:		
a) Provide services to the populations specified in the RFP, particularly experience with women, pregnant women, infants, children, and children/youth with special health care needs.	20%	70%
b) Improve the efficiency and effectiveness of strategies, policies and procedures in order to positively impact the populations specified in the RFP, including integration of primary, acute, and behavioral health, and needs of the Medicaid/FAMIS population.	10%	
c) Develop strategic innovation priorities that address value-based payment designs, delivery system innovations, or payment innovations.	5%	
d) Develop programs that recognize the importance of social determinants of health.	5%	
e) Fulfill the State's requirements for information management and data interfaces and any prior experience/qualifications in meeting similar data interface requirements.	10%	
f) Be good corporate citizens, investments in each region/community, and processes for regional community engagement/social responsibility activities.	5%	
g) Outreach to and promote the delivery of services in a culturally competent manner, including interpretive services, to support all members including those with limited English proficiency and diverse cultural and ethnic backgrounds.	5%	
h) Develop regional provider network management systems to ensure network adequacy standards, access standards, and an ethnically diverse provider network that provides the highest quality care to members.	20%	
i) Develop an overall strategy for quality improvement with regional variation for program improvement purposes and to assess the program's overall impact on various outcomes.	10%	
j) Develop regional, coordinated patient care systems and supports for all members	5%	
k) Develop operational infrastructure to effectively and efficiently manage all aspects of the program.	5%	

BEST PRACTICE - ELECTRONIC SCORE SHEET

Offeror Name:		Evaluator:					
Proposal Evaluation Criteria	Criteria SubWeights	Criteria Weights	Evaluators Score	Criteria SubScore (Criteria SubWeight x Evaluators Score)	Criteria Score (Total Criteria Subscore x Criteria Weight)	Section Reference	
1. Qualifications							
a. Corporate qualifications and experience to serve as a Contractor for the MEDALLION 4.0 Medicaid/FAMIS Managed Care Program, including experience as a Medicaid contracted health plan.	50.0%	20%	50	25.00		3.1, 3.2, 8.3	
b. Demonstration in the written proposal of the Offeror's experience and capacity to provide all administrative requirements as they apply to the operation of a health plan for the Medicaid populations specified in the RFP, including but not limited to staffing, provider network and relations management, quality, compliance, etc.	50.0%		50	25.00		3.3, 3.4, 3.5, 3.6, 3.7, 3.8, 3.9, 3.10, 3.12, 3.13, 3.14, 3.15	
	SubTotal		Total	50.00	10.00		
2. Technical Requirements							
a. Provide services to the populations specified in the RFP, particularly experience with women, pregnant women, infants, children, and children/youth with special health care needs.	20.0%	70%	50	10.00		4.1, 4.2, 4.4, 4.5	
b. Improve the efficiency and effectiveness of strategies, policies and procedures in order to positively impact the populations specified in the RFP, including integration of primary, acute, and behavioral health, and needs of the Medicaid/FAMIS population.	10.0%		50	5.00		4.2	
c. Develop strategic innovation priorities that address value-based payment designs, delivery system innovations, or payment innovations	5.0%		50	2.50		5.1, 5.2, 5.4, 5.5	
d. Develop programs that recognize the importance of social determinants of health.	5.0%		50	2.50		5.3	
e. Fulfill the State's requirements for information management and data interfaces and any prior experience/qualifications in meeting similar data interface requirements.	10.0%		50	5.00		3.12, 7.1, 7.2, 7.5	
f. Be good corporate citizens, investments in each region/community, and processes for regional community engagement/social responsibility activities.	5.0%		50	2.50		3.2.5, 3.8	
g. Outreach to and promote the delivery of services in a culturally competent manner, including interpretive services, to support all members including those with limited English proficiency and diverse cultural and ethnic backgrounds.	5.0%		50	2.50		3.7	
h. Develop regional provider network management systems to ensure network adequacy standards, access standards, and an ethnically diverse provider network that provides the highest quality care to members.	20.0%		50	10.00		3.9	
i. Develop an overall strategy for quality improvement with regional variation for program improvement purposes and to assess the program's overall impact on various outcomes.	10.0%		50	5.00		3.10	
j. Develop regional, coordinated patient care systems and supports for all members	5.0%		50	2.50		4.3	
k. Develop operational infrastructure to effectively and efficiently manage all aspects of the program.	5.0%		50	2.50		10.5	
	SubTotal	100.0%	Total	50	35.00		
3. References							
a. References that demonstrate the Offeror's Medicaid experience with the following: value-driven care, care transitions, value-based payments design and implementation, integration of behavioral health and acute care, and social determinants of health, and needs of the Medicaid population. DMAS will not accept DMAS employees as references.	75.0%	10%	100	75.00		8.1, 8.2.1	
b. References from stakeholders	25.0%		100	25.00		8.2.2	
	SubTotal	100.0%	Total	100.00	10.00		
		100%			55		

MEDALLION 4.0 RFP PROCESS

- And the winners are . . .



MEDALLION 4.0 HEALTH PLANS

Aligned With CCC Plus

aetna[®]

Aetna Better Health[®] of Virginia



Anthem. HealthKeepers Plus
Offered by HealthKeepers, Inc.

Magellan
COMPLETE CARE[®]

OptimaHealth[®]
Family Care



UnitedHealthcare[®]
Community Plan



VirginiaPremier[™]
Powered by VCU Health

MEDALLION 4.0 PROGRAM DESIGN

1

Serve as the platform, along with CCC Plus, for access to health care for Medicaid expansion adults

2

Best of Medallion 3, new initiatives, and alignment with CCC Plus

3

Focus on member-centric care for pregnant women, infants, children, parents/caregivers, and expansion adults

4

Takes a holistic and integrated approach to delivering care

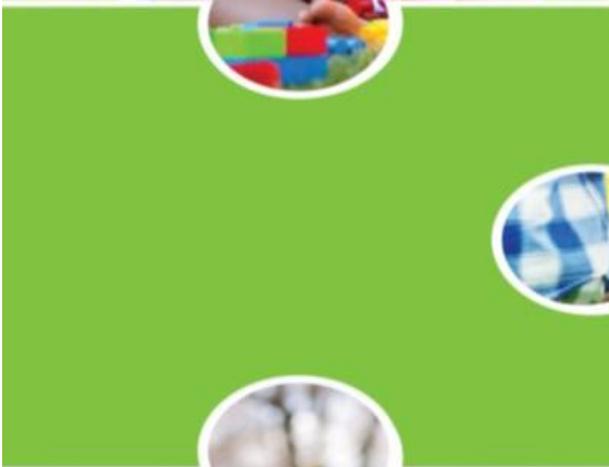
5

Members have a choice of six plans in each of the six regions

MANAGED CARE ALIGNMENT

Medallion 4.0 and CCC Plus Managed Care Programs Are Now Able to Align In Many Ways

- ✓ Six Managed Care Organizations with statewide service
- ✓ Services – Early Intervention, Community Mental Health
- ✓ Internal collaboration
- ✓ Provider and member engagement
- ✓ Strong compliance, program integrity, and reporting
- ✓ Streamlined processes and shared services {Common Core Formulary, ARTS, ED Care Coordination, Telehealth}



MEDALLION 4.0 AND EXPANSION MEMBERS

The first and foremost goal and expectation of Medallion 4.0 and the expansion is to improve the quality of life and health outcomes for enrolled individuals

IT'S ALL ABOUT THE MEMBER

- **MEMBER CHOICE**
- **MEMBER FOCUS**
- **MEMBER ENGAGEMENT**

Members choose health plan by contacting Maximus at 1-800-643-2273



CHOOSE WHAT'S RIGHT FOR YOU.

MATERNITY

- Early Prenatal Care
- Case Management
- Post-Partum Care
- Support for Full-term Deliveries
- Breast Feeding Care
- Family Planning
- Outreach and Education
- Oral Health



INFANTS (0 – 3)

- Immunizations
- Well Visits
- Early Assessments
- Safe Sleep Education
- Support for Neonatal Abstinence Syndrome
- Preventing Infant Death (Three Branch Workgroup)
- Early Intervention
- Oral Health

CHILDREN & ADOLESCENTS (3 – 18)

- Oral Health
- Vision
- Well Visits
- Early and Periodic Screening, Diagnosis and Treatment
- Support for Special Needs
- Foster Care Services
- Focus on Trauma Informed Care
- Community Mental Health Services
- Adolescent Focused Care



ADULTS

- Wellness
- Chronic Disease Support
- Family Planning/LARC
- Addiction Recovery Treatment Services
- Behavioral Health and Community Mental Health Rehabilitative Services



time for expansion

EXPANSION ADULTS



- Provides coverage for up to 400,000 more adults
- Adults ages 19 – 64
- Not already in or eligible for Medicare
- Income from 0% to 138% Federal Poverty Level

MEDICAID EXPANSION DELIVERY MODELS

Coverage will be provided for most individuals through the **Medallion 4.0** and **Commonwealth Coordinated Care Plus (CCC Plus)** managed care programs

Expansion Populations

1. Caretaker Adults
2. Childless Adults
3. GAP
4. Plan First
5. SNAP
6. Marketplace
7. Pregnant Women
8. Incarcerated Adults and DOC
9. Presumptive Eligible Adults

Expansion Delivery Systems

Medallion 4.0 will serve populations other than those who are medically complex

Commonwealth Coordinated Care Plus (CCC Plus) will serve populations who are *medically complex*

Fee for Service will serve populations excluded from managed care, including:

- incarcerated adults,
- presumptively eligible adults, and
- newly eligible individuals until they are enrolled in a MCO

***Integration is more than an operational
change***

***It is an investment in the whole spectrum
of care***



MEDALLION 4.0 SERVICES

NEWLY IN

- Early Intervention (EI) Services
- Community Mental Health and Rehabilitation Services (CMHRS)
- Third Party Liability (TPL)

STILL OUT

- Dental Services
- School Based Services
- Plan First



HOLISTIC INTEGRATION - EI

- Full integration improves the health outcomes of eligible infants and toddlers birth to age three who are not developing as expected
- Enrollment as of 06/01/18 = 5,710 Medicaid/FAMIS infants
- Served by 1,128 certified early intervention providers
- To assist in a smooth transition, DMAS has
 - developed EI training for both the MCOs and EI provider to address program operations, billing, etc.
 - mailed letter to the parents of EI children to explain the transition of EI services into managed care

HOLISTIC INTEGRATION - CMHRS

- Integrated delivery model that includes medical services and the full spectrum of traditional and non-traditional behavioral health services
- MCOs responsible for care coordination, provider management, and reimbursement of CMHRS
- In 06/01/18 services provided to 644,529 of children served by approximately 15,000 CMHRS providers (providers may provide multiple services)
- CMHRS will go live 08/01/18 in Tidewater (Regional roll-out)
- Residential Treatment Services consisting of Psychiatric Residential Treatment Facility (PRTF) and Therapeutic Group Home Services (TGH) for Medallion 4.0 and CCC Plus individuals transition Summer 2019
- Dedicated email: M4.0-CMHRS@dmas.virginia.gov



GROWING STRONGER...
TOGETHER

NEW INITIATIVES

Member Engagement
Social Media and
Apps

Social Determinants
Of Health and
Supportive Services

Women's Health
Family Planning/Long
Acting Reversible
Contraceptive (LARC)

Transition Planning
To Help Teens and
Young Adults

Trauma-informed
Care ACES and
Resilience

Infant and Early
Childhood Physical
and Mental Health

New Contract
New Rates

Enhanced
Services

Value-Based
Purchasing
Arrangements

Expansion
Track 1

Expansion
Track 2

Behavioral Health
Transformation
ARTS SUD

OPERATIONS AND PERFORMANCE MANAGEMENT

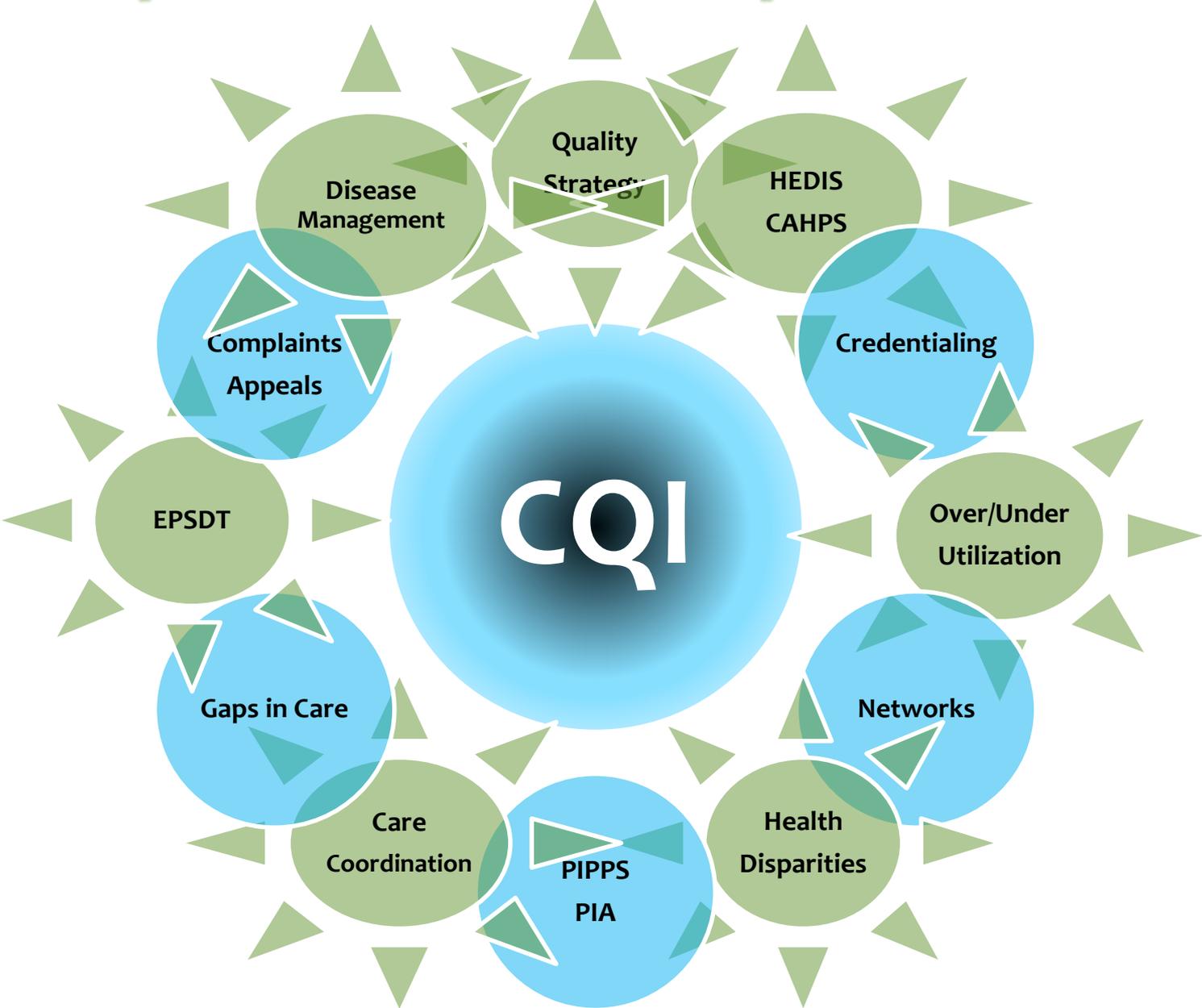
Enhancing the five main functions of Operations and Performance Management:

- **Contracts and Administration** ensures MCO operations are consistent with the contract requirements
- **Member and Provider Solutions** resolves service and care management concerns identified by members and providers
- **Quality Improvement** measures MCO performance against standard criteria, such as HEDIS, and facilitates focused quality projects to improve care for all members
- **Compliance** oversees, develops and monitors MCO corrective action plans and sanctions
- **Systems and Reporting** manages data submissions from the MCOs in accordance with the DMAS Managed Care Technical Manual

COMPLIANCE



QUALITY – IT'S NCQA PLUS...



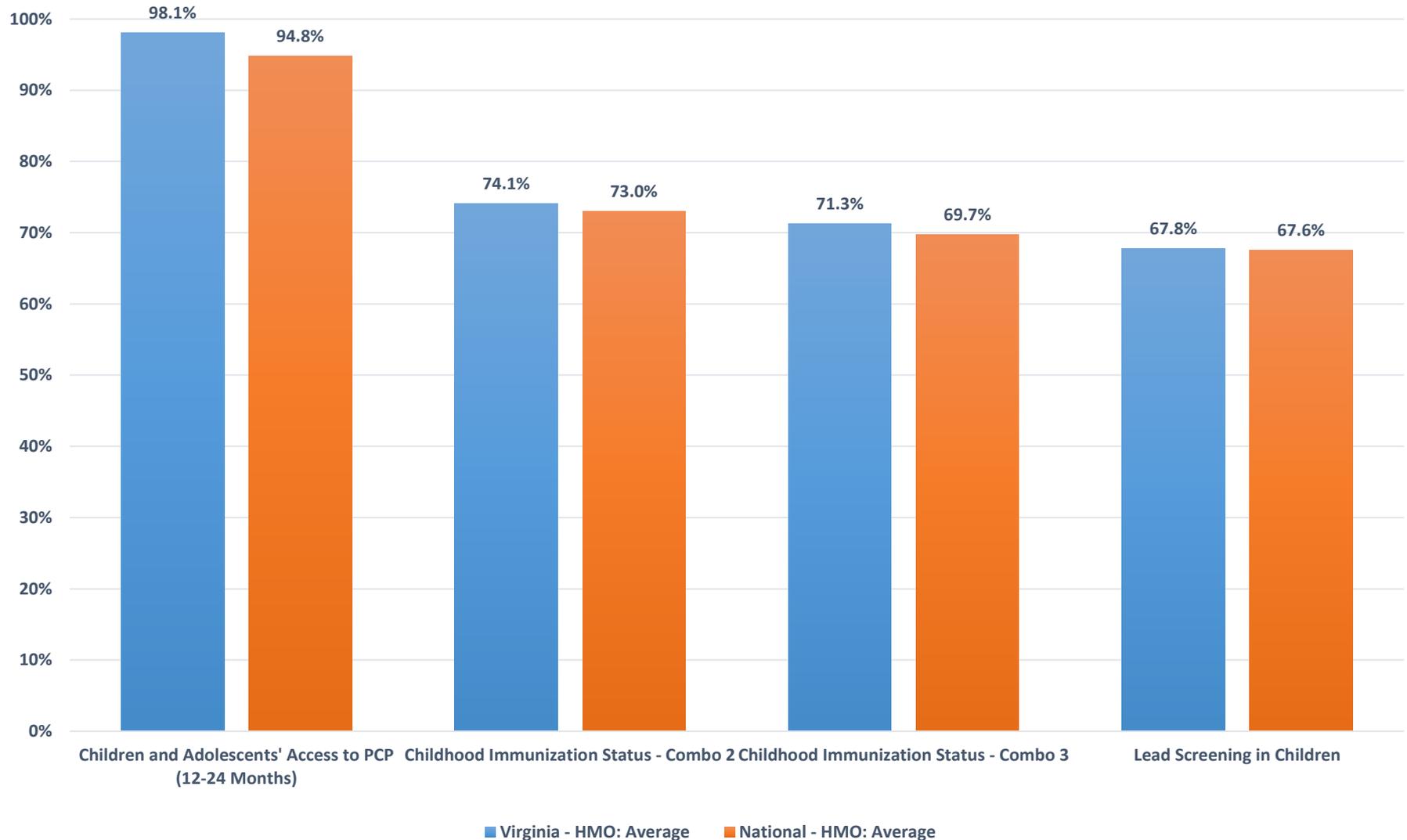
CONTINUOUS QUALITY IMPROVEMENT UPGRADES

DMAS Quality Strategy:

- Joint effort with OCMO, IC, and HCS and our EQRO
- Quality strategy spans the continuum from birth to long-term care services
- HEDIS bar: Participate in adult and child core measures - goal is to raise the bar
- Performance quality withhold: Established for two years - will add more measures and increase withhold
- Quality collaborative: includes OCMO, IC, and HCS
- Quality Strategy available at http://www.dmas.virginia.gov/Content_atchs/mc/Virginia%20Medicaid%20Comprehensive%20Quality%20Strategy%202017%20-%202019.pdf

Health Aims	Goals	Examples of Measures
Build a Wellness Focused, Integrated System of Care	Strengthen access to primary care network (4.1)	HEDIS: Adults' Access to Primary Care (Preventative/Ambulatory Health Services)
		HEDIS: Children and Adolescents' Access to Primary Care
		All-Cause PQI Admission Rate
		CMS/NQF #1768: Plan All-Cause Readmissions
	Decrease inappropriate utilization and total cost of care	HEDIS: Ambulatory Care - Emergency Department Visits
		Per Capita Healthcare Expenditures (future measure)
	Emphasize member experience of care	CAHPS/HEDIS/NQF #0006: Member Rating of Health Plan
		CMS/HEDIS/NQF #0004: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (2 rates)
		CMS/NQF #1664: SUB-3 Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge and SUB-3a Alcohol and Other Drug Use Disorder Treatment at Discharge
	Integration of behavioral, oral and physical health (4.1)	HEDIS/NQF #0576: Follow Up After Hospitalization for Mental Illness, 7-day Follow Up
		CMS/NQF #2605: Follow Up After Discharge from the Emergency Department for Mental Health or Alcohol or Other Drug Dependence
		CMS: Transition of Members Between SUD LOCs, hospitals, NF and the Community
		Use of High-risk Medications in the Elderly
		NCQA: Use of Multiple Concurrent Antipsychotics in Children and Adolescents
		HEDIS: Follow-up Care for Children Prescribed ADHD Medication - Initiation and Continuation/Maintenance Phases
		HEDIS: Antidepressant Medication Management - Effective Acute Phase Treatment, Effective Continuation Phase Treatment
	Encourage appropriate management of prescription medications	PQA: Use of Opioids at High Dosage in Persons Without Cancer
		PQA: Use of Opioids from Multiple Providers in Persons Without Cancer
	PQA: Use of Opioids at High Dosage and from Multiple Providers in Persons Without Cancer	
Focus on Screening and Prevention	Cancers are prevented or diagnosed at the earliest stage possible (3.4)	HEDIS/NQF #2372: Breast Cancer Screening
		NQF #0034: Colorectal Screening
		HEDIS/NQF #0032: Cervical Cancer Screening
Prevention of nicotine dependency (3.2)		AMA-PCPI/NQF #0027: Tobacco Use - Screening and Cessation
	Virginians protected against vaccine-preventable diseases (3.3)	HEDIS: Childhood Immunization Status (Combo 10)
		HEDIS: Immunizations for Adolescents
		HEDIS: Pneumococcal Vaccination Status for Older Adults

VIRGINIA'S FFY 2017 HEDIS RATES



Administrative Measures & Weight:

- Assessments of Foster Care Population (12%)
- MCO Claims Processing (12%)
- Monthly Reporting Timeliness and Accuracy (10%)

HEDIS Measures & Weight:

- Childhood Immunization Status - Combo 3 (22%)
- Controlling High Blood Pressure (22%)
- Timeliness of Prenatal Care (22%)

The PIA program assesses each MCO's performance on three (3) HEDIS® measures and three (3) administrative measures that DMAS has determined to be instrumental to their goals and objectives for managed care quality.

TABLE 1 – 2017 PIA RESULTS BY MCO

Table 1—Final Calculated Scores <i>This table presents final point values for each MCO's PIA measures.</i>						
Measures	Aetna	Anthem	INTotal	Kaiser Permanente	Optima	VA Premier
Assessments of Foster Care Population	3	2	2	0	2	3
MCO Claims Processing	3	2	1	1	3	3
Monthly Reporting Timeliness and Accuracy	3	3	3	3	3	3
Childhood Immunization Status— Combination 3	1/0	2/0	0/0	2/1	1/0	1/0
Controlling High Blood Pressure	2/0	2/0	0/0	2/1	1/0	1/0
Prenatal and Postpartum Care—Timeliness of Prenatal Care	1/0	2/0	0/0	2/1	1/0	1/1

*For the HEDIS measure scores, the first number represents the points awarded for performance, and the second number represents the points awarded for improvement.

TABLE 2 – FUNDS ALLOCATION RESULTS

MCO	Final Award	Final Penalty	Final Award/Penalty Percentage
Aetna	\$58,583.36	—	0.03%
Anthem	\$424,097.99	—	0.04%
INTotal	—	\$(237,610.93)	-0.12%
Kaiser Permanente	\$18,329.92	—	0.04%
Optima	—	\$(557,118.41)	-0.07%
VA Premier	\$293,718.08	—	0.03%
All MCO Total	\$794,729.34	\$(794,729.34)	

*MCO = Managed Care Organization; DMAS = Virginia Department of Medical Assistance Services; HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA) = Healthcare Effectiveness Data and Information Set

METHODOLOGY

Administrative Measures:

- 7/1/2016 – 6/30/2017

HEDIS Measures:

- 1/1/2016 – 12/31/2016

PIA Measure Scoring:

- HEDIS Performance Score 0 – 2 pts
- HEDIS Improvement Score 0 – 1 pts
- Administrative Measures 0 – 3 pts

PIA Measure Weighting:

See “Overview” for the measure weight of each administrative & HEDIS measure.

The full annual performance reports, methodology, and technical specifications can be found on the DMAS website, under [Medallion 3.0 Performance Incentive Awards](#)

WHAT

IS

NEXT

KEY IMPLEMENTATION AREAS



Waiver Revisions



VAC Updates



Contract Development



Rate Development



Systems



DMAS Readiness



Plan Readiness



Communications



Enrollment Broker



Early Intervention



CMHRS



Newborns

MEDALLION 4.0 REGIONAL IMPLEMENTATION

Phased in Regionally August 2018 – December 2018

Tidewater	Central	Northern/ Winchester	Charlottesville/ Western	Roanoke/ Alleghany	Southwest	EXPANSION
161,421	189,438	178,416	88,486	72,827	46,558	400,000
August	September	October	November	December	December	January

Implementation Highlights:

- ✓ April 2018: MCO contracts signed
- ✓ May 2018: CMS waiver authority 1915(b) submitted
- ✓ May – August 2018: MCO readiness activities
- ✓ June – October 2018: Regional member/provider on-site trainings, webinars, calls
- ✓ July 2018: Final MCO contracts and rates to MCOs

COMMUNICATIONS

- Scheduled series of on-site trainings, webinars, and conference calls to engage members, providers, and stakeholders
- Schedule can be found at http://www.dmas.virginia.gov/Content_pgs/medallion_4-meetings.aspx
- Mailed first letter to members with information on MEDALLION 4.0 and invitations to trainings
- Presentations to date to: VACBP, VACSB, BPRO, VALCPA and Medicaid Physician, Managed Care Liaison Committee

YOUR TURN

- As we move forward, we value your input
- Send comments or questions to
 - M4.0Inquiry@dmas.virginia.gov



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